

OUR 2014-15
ANNUAL
REVIEW

**HIGH QUALITY CARE FOR ALL,
NOW AND FOR FUTURE GENERATIONS**





WELCOME

BY MALCOLM GRANT, CHAIR

NHS England is responsible for the stewardship of £99 billion of public funds to provide comprehensive health and care services available to all, where there is clinical need and regardless of an individual's ability to pay. We are custodians of the values of the NHS Constitution, committed to putting patients at the heart of everything we do, promoting transparency and accountability of our work to citizens, and ensuring the most efficient, fair and inclusive use of finite taxpayer resources.

It is our responsibility to bring about continually improving health outcomes for individuals, communities and society as a whole, by investing the NHS budget strategically to ensure real value for money.

Central to our role is the commissioning of health services. We commission some services directly (mainly specialised and primary care services), but allocate the majority of the resources we receive to clinical commissioning groups, who commission services at local level.

This annual report describes our second full year of operation. 2014-15 has been a very busy and successful year for us. We have matured as an organisation and begun to deliver real improvements for patients. This report outlines some of our most significant achievements. Of course, we have faced challenges too. Demand for services has continued to increase and we have faced intense pressure on services over the winter. It is in great measure thanks to the dedication and hard work of people across the service that the NHS has continued to maintain such high quality services and care for our patients.

One of the most significant events for us last year was the launch of the Five Year Forward View, which we published jointly with our arms-length body partners in October. It set out a vision for the future of healthcare in England that was universal, sustainable and free at the point of delivery, based around redesigned care, a new emphasis on prevention and a major drive to support the NHS's future sustainability.

The Five Year Forward View set out the challenges and opportunities facing health and care services in England and confirmed the broad consensus on ways to reduce health inequalities, improve the quality of care and ensure the future affordability of the NHS. All major political parties declared their backing for the strategic direction it set out, alongside wide support from stakeholders. It subsequently framed the debate about the future of the NHS during the general election and now has the enthusiastic backing of the new government.

It is truly a privilege to chair NHS England, and to be supported on the Board by such a fine team. We have been significantly strengthened during the year by the recruitment of three additional non-executive directors, Sir John Burn, Noel Gordon and David Roberts.

I am grateful to our Chief Executive, Simon Stevens, and to all of our directors, executive as well as non-executive, who have provided leadership at a pivotal time in the history of the NHS. They all join me in expressing our profound gratitude to all our staff who have worked so hard to make NHS England a success. The achievements outlined in this Annual Report are testament to their efforts and commitment.

But – so far, so good.

I am conscious that all of those qualities are likely to be stretched to the limit by the challenges that lie ahead. The Five Year Forward View foresees an exacting programme of transformation for all parts of the NHS in England. There is a dawning sense of realism. It is now widely understood that the rate of increase in demand for our services runs well ahead of anticipated growth in GDP so that we cannot expect it to be matched by increases in funding. The status quo cannot hold. We need to carry through transformation rather than throwing yet more money at outdated models. Nobody should believe that this will be an easy process.

Transformation on this scale needs strength of purpose, unwavering commitment, and investment to support innovation and to release the entrepreneurial energies within the NHS, to bring care closer to people's homes and communities, and to support the empowerment of patients to better manage their own health through modern technologies.



INTRODUCTION

BY SIMON STEVENS, CHIEF EXECUTIVE

2014-15 was a year in which the Health Service responded – largely successfully – to wide-ranging operational pressures. But as importantly, it was a year in which patients' groups, caring professionals and national leaders came together to chart a shared direction for our country's NHS for the next five years.

The NHS Five Year Forward View sets us on a path for better health, more personalised care, and a financially sustainable Health Service. It argues that to succeed we're going to need broad based action on three fronts.

First, as a nation it's time to get our act together on prevention. Life expectancy is its highest ever. But smoking still explains half the inequality in life expectancy between rich and poor – and two thirds of smokers get hooked as kids. Binge drinking costs at least £5 billion a year. Poor diets and couch potato lifestyles are normalising obesity. So we'll need wide ranging action – as families, as the health service, as government, as industry.

But when people do actually need looking after – as millions will – our families deserve care that's more personal, more coordinated, more convenient, safe and reliable. So the second of our mission-critical tasks over the next five years is fundamental redesign of how services are provided. Blurring the old boundaries between GP and hospital care, physical and mental health services, health and social care. And one of the best ways of getting this personalisation and integration will be to give patients and their families more clout over the support they receive.

Prevention and care redesign will both help with our third major challenge which is putting the NHS' finances on a sustainable footing. But they're not a quick fix, and they won't be enough – we will need extra investment. We already have a lean and efficient health service compared with just about every other industrialised country. But like every other major nation, we also still have big quality and efficiency differences – between different parts of the country, between different hospitals, and between different local clinical commissioning groups. Tackling this won't be easy, and the Health Service will step up and play our part. This will be supported by the greater alignment now evident between the national leadership bodies of the NHS, the streamlining of functions between us, and the development of new ways of working with local services and the public.

2015-16 represents Year One of the Five Year Forward View. So, for the year ahead, NHS England has identified key commissioning priorities for improvement. These include cancer care, mental health, learning disabilities, and obesity and diabetes prevention. Our care redesign focus will be on primary care, urgent and emergency care, and maternity services. And we will be working with communities and frontline services across England to support a variety of new 'Vanguards'.

As we do so, huge thanks go to our Board, to NHS England's dedicated staff, and to all 1.4 million people working right across the Health Service, united in the common cause of providing high quality, responsive and compassionate care, in partnership with millions of families and their loved ones across this country.

A SNAPSHOT OF 2014-15



AROUND
340 MILLION GP
CONSULTATIONS
TOOK PLACE



NHS 111
RECEIVED 4.1
MILLION MORE
CALLS THAN IN
2013-14



210,000
MORE
EMERGENCY
ADMISSIONS
THAN IN 2013-14

22.4m
A&E ATTENDANCES
— 600,000 MORE
THAN IN 2013-14



ESTIMATES
SUGGEST THAT
£1 IN EVERY £10
OF NHS MONEY
WAS SPENT ON
DIABETES



IN RESPONSE TO THE
EBOLA OUTBREAK,
NHS ENGLAND
COMMISSIONED OVER
£3.5M OF EQUIPMENT
AND CARE IN THE NHS

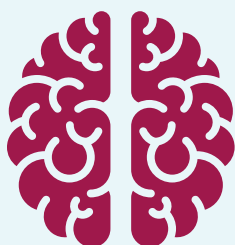


300,000

OVER 300,000 ADMISSIONS WITH
AN ALCOHOL-RELATED PRIMARY
DIAGNOSIS OR EXTERNAL CAUSE



NHS ENGLAND'S
COMMISSIONING
BUDGET



MORE THAN 1/4
OF HOSPITAL
INPATIENTS
HAD DEMENTIA

LONG TERM
HEALTH CONDITIONS
ACCOUNTED FOR
70% OF THE
HEALTH
SERVICE
BUDGET



MENTAL ILLNESS
WAS THE SINGLE
LARGEST CAUSE OF
DISABILITY
IN ENGLAND,
COSTING THE ECONOMY
ROUGHLY THE SAME AS THE NHS

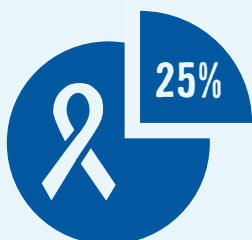
★★★★★
85% OF PATIENTS
RATED THEIR
OVERALL
EXPERIENCE
AT THEIR GP
SURGERY
FAIRLY GOOD
OR VERY
GOOD



**BIRTHS
CONTINUED
TO RISE**
THEY ARE UP BY
ALMOST A QUARTER
IN THE LAST DECADE,
AND WERE AT THEIR
HIGHEST IN 40 YEARS

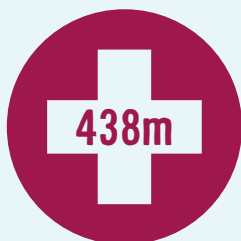


**PRIMARY
SCHOOL CHILDREN
WERE CLINICALLY
OBESE**



ABOUT 25%
OF CANCERS
WERE DIAGNOSED
THROUGH A&E

438 MILLION
COMMUNITY
PHARMACY VISITS FOR
HEALTH-RELATED
REASONS



PERFORMANCE IN 2014-15

The NHS successfully cared for millions of our fellow citizens in 2014-15.

It dealt with many more GP visits, 600,000 more A&E attendances, 210,000 more emergency admissions to hospital and 4.1 million more calls to NHS 111 than in the prior year.

But the NHS is under pressure. It faces a major challenge over the next five years to improve its productivity in order to meet rapidly growing demand from patients at a time when the nation's finances are under strain.

Funding the NHS

In October, the Five Year Forward View – published jointly by national leaders in health and care – set out the shared direction for the NHS over the next five years.

In response, the government announced in the Autumn Statement an additional £1.8 billion of funding for the English NHS for the current financial year (2015-16) – equivalent to a 1.6 per cent real terms increase. Along with £150 million of funding reprioritised from central programme budgets, this meant that almost £2 billion of additional funding was available for allocation in 2015-16.

The majority of these funds (£1.1 billion) were included in clinical commissioning group (CCG) allocations in order to increase the purchasing power of local commissioners. £450 million has been allocated to two transformation funds, in order to begin funding the transition to new models of care for the NHS as set out in the Five Year Forward View.

Overall the government has pledged to invest at least an additional £8 billion in real terms annually in the NHS by 2020-21. But this remains a demanding financial outlook, requiring substantial and sustained action to create the headroom to cope with rising demand and related financial pressures. There will be a new focus on prevention, on involving patients in their own care and on redesigning care. In part this will mean delivering more care locally, outside hospitals and in the community.

More investment in integrated care

The challenge of caring for an ageing population in the 21st century is profoundly different from that faced by the NHS at its inception in the mid-20th century. Older people with complex conditions need a different type of care, usually best delivered outside hospital.

This year will mark the first year of operation of the Better Care Fund. Pooled budgets worth £5.3 billion have been agreed between local authorities and local NHS commissioners which will support the integration of health and social care services. Local authorities will help the NHS, for example by reducing emergency hospital admissions, and NHS budgets will be used to help local authorities, for example by reducing permanent admissions to care homes.

All local plans for improved integration have been approved. The Better Care Fund support team, hosted by NHS England, is developing a programme of comprehensive support for implementation in 2015-16.

A fairer deal for local areas

Some areas have not historically received the amounts they are entitled to under the formula used to calculate the health needs of the populations covered by CCGs. In 2015-16, the number of CCGs that are more than five per cent below target allocations will be halved from 34 to 17 and next year (2016-17) it is hoped that all CCGs receiving less than their target funding could be brought to within five per cent of target.

The NHS Mandate

The NHS Mandate sets out the ambitions for the NHS. Most of the goals for 2014-15 were met or were close to being met. NHS England met its overriding financial duty to keep spending within the agreed budget set by government.

A full breakdown is in appendix 1.

Stronger primary care

Improving primary care access

In October 2013, the Prime Minister's Challenge Fund was established to help improve access to general practice and



stimulate innovative ways of providing primary care services. Since then NHS England has invested more than £150 million, enabling practices to extend opening hours into evenings and weekends and make better use of digital innovations, such as offering consultations over email, video links and smartphones.

57 schemes were launched in two waves across England. These will improve access to GPs for over 18 million patients in around 2,500 practices. The Prime Minister's Challenge Fund is also helping groups of practices come together with other primary care professionals to provide more integrated community services.

In addition, NHS England launched a separate £1 billion fund to help practices improve their buildings and harness technology over the next four years – to give them the physical space and technical ability to offer more appointments and improved care for, in particular, the frail elderly.

Expanding the GP workforce

A growing population, with a growing number of elderly and chronically sick patients, requires a growing number of GPs to provide necessary care. The government has also pledged to extend the range of NHS services, available over seven days a week by 2020. England therefore needs to expand its GP workforce.

In January 2014, NHS England announced a £10 million fund to boost recruitment. Initiatives to attract newly trained doctors to shortage areas include offering a further year of training in a related specialty, a national marketing campaign to highlight the opportunities of a career in general practice and pilot training hubs based in practices with the greatest workforce needs.

GPs considering retirement or a career break will be encouraged to consider part time working. Those returning from overseas or after a career break will be encouraged to re-join the NHS and help with costs will be offered in areas of greatest need.

The proposals are set out in Building the Workforce – the New Deal for General Practice, which was jointly produced with Health Education England, the Royal College of General Practitioners and the British Medical Association.

Access to hospital services

Unprecedented numbers of patients were treated by the NHS last year – for both urgent and planned care. There were 600,000 more attendances at A&E in England and 210,000 more emergency hospital admissions than in 2013-14. There were 4.1 million more calls to the NHS 111 urgent care telephone service.

Case study: Learning from the Friends and Family Test

At Hillingdon Hospital in London, patients staying in hospital commented about noise on wards at night-time disturbing their sleep. The management launched a “Comfort at night” campaign which resulted in wards having lights out or dimmed at night, extra pillows and blankets readily available, silent-closing waste bins, staff wearing quiet shoes and prior explanation given to patients likely to be woken during the night for medication or checks.

“Staff find the comments received as part of the FFT provide helpful insights about what really matters to patients”

*Bev Hall
Deputy Director of Nursing*

Waiting times for cancer consultations and for diagnostic tests came under pressure, driven in part by effective public health campaigns urging patients not to delay reporting symptoms, and public health interventions such as NHS England cancer screening. Early diagnosis has been proven to improve outcomes.

Despite these pressures, the NHS met its target that 92 per cent of patients should be waiting no more than 18 weeks for planned care from referral by a GP. The median wait for planned hospital care was just 10 weeks.

NHS hospitals missed their A&E target during the winter – that 95 per cent of patients should be seen and treated, admitted or discharged within four hours – but the position improved in the spring. Overall NHS A&E Services continued to meet this standard for more than 9 in 10 patients in England – the best performance measured by a major industrial country.

Better specialised services

The NHS provides a number of specialised services delivered in relatively few hospitals for comparatively small numbers of patients. Examples include renal services for patients with kidney failure, secure hospitals for people with mental health conditions, neonatal services for premature babies and care for rarer conditions such as uncommon cancers, burn injuries and genetic abnormalities. Spending on specialised services accounts for 14 per cent of the total NHS budget, approximately £13.8 billion.

Historically, there has been wide variation in how each region commissions specialised services resulting in inconsistencies in approach to quality standards, budget setting, performance management and access to services.

In April 2014 a specialised commissioning task force was established to make improvements. Significant progress has since been achieved in addressing the challenges and stabilising the financial pressures resulting from increased demand.

Among the key operational achievements is the start of a rolling programme of service reviews, which have so far delivered:

- New contracts for PET/CT scanning which will bring substantial savings for the NHS and improved access across the country.

- Targeted introduction of treatment with ground-breaking new drugs for patients at greatest risk of liver failure which can cure them of Hepatitis C.
- Benefits for parents and children from the roll out of new tests for inherited genetic disorders.

Making mental health a priority

Achieving parity of esteem

Mental illness is the single largest cause of disability in England. Three quarters of mental health problems in adult life start before the age of 18. People with severe mental illness die on average 15 to 20 years earlier than other people. Yet, in financial terms, mental health remains a poor relation within the NHS.

The Government has pledged to achieve parity of esteem for mental and physical health by 2020. In 2014-15, NHS England secured extra funding towards this. Over five years, this includes £1.25 billion to improve mental health services for children and young people, including perinatal services; an extra £30 million to improve access to eating disorder services and £30 million to improve access to liaison mental health services for people in general hospital who need psychiatric help. CCGs have been asked used to improve investment in these services across the country. A task force was launched to drive forward the transformation of services and develop a mental health strategy by 2020, in association with partners by experience and other experts.

Setting the first mental health waiting time standards

NHS England launched the first access and waiting time standards for mental health services. From April 2016, at least 50 per cent of patients with a first episode of psychosis should be treated within two weeks of referral, and 75 per cent of patients with anxiety or depression needing psychological therapies should have access to them within six weeks.

Significant progress has also been made in increasing the involvement of patients and the public. The Patient and Public Voice Assurance Group has been set up and around 200 patient and public members of the Clinical Reference Groups (CRGs) recruited to provide input on the needs patients and carers. The group will inform the planning, redesign and specification of specialised services.

Case study: Easing anxiety for people with learning disabilities

Effective communication with people with a learning disability is fundamental to good care and reduces anxiety and stress.

Devon Partnership NHS Trust won a grant from the Nursing Technology Fund to provide 136 iPads, with specialist apps tailored to the needs of people with a learning disability, helping reduce worry about their treatment and improving their experience.

A second grant will enable the Trust's nursing staff to carry out their administrative tasks on a mobile basis, so they can spend more time with patients.

"This technology will radically improve the care and support that we are able to provide"

*Vanessa Moir
Clinical Nurse Specialist in
learning disability services*

Case study: Personal Health Budgets

Kevin is quadriplegic and requires 24 hour nursing care. When he left hospital following a tracheostomy it was assumed that he would need to stay in residential care to manage his ventilation. Instead, with a personal health budget, he can manage his care at home with his family.

Kevin and his wife employ a team of personal assistants who work with them, with the support of qualified nurses. The team is even able to help them take family holidays together.

"A nursing home was never going to be an option. I was more concerned about getting back to work, and on with my life"

Kevin

NHS England has made extra efforts to give a voice to those groups which are seldom heard. A national transgender network has been established to consult on a national policy for gender identity services. It has worked with the Royal College of Paediatrics and Child Health to engage children and young people in the provision of specialised services. In association with the organisation Rethink, NHS England has brought service users from secure mental health services together with staff and commissioners to drive new developments. Please refer to appendix 3 for information about public involvement in NHS England's work.

Hundreds of patients and other organisations had their say during a three month consultation on how specialised services should be provided in future. Guidance on how NHS England and CCGs will work together to commission the services in a more collaborative way has now been published.

Increasing the Cancer Drugs Fund

An extra £80 million was committed to the Cancer Drugs Fund in 2014-15, increasing the total budget to £280 million to buy additional treatments not fully approved by the National Institute for Health and Care Excellence (NICE). The Fund's budget will grow this year to £340 million.

Increasing provision of psychological therapy

Psychological therapy is the preferred treatment for many patients with anxiety and depression. More than three million people have been treated under the Improving Access to Psychological Therapies (IAPT) programme since its inception in 2008. More than 521,000 have recovered and over 100,000 had moved off sick pay and benefits by December 2014.

In the first three quarters of last year, over 582,000 started treatment and 138,000 recovered. Other groups such as armed forces veterans and those in custody are starting to benefit from the programme. Full figures for 2014-15 will be published in July 2015.

Increasing provision for children

Too many children and young people with mental health problems are being treated in hospitals and units far from home. In July 2014, a review of children and adolescent mental health services (Tier 4) revealed there were limited options for treatment, resulting in increased pressure on in-patient services and a small

number of young people having to travel long distances to find a place. NHS England took immediate action to increase the provision of specialist beds, overhaul the management of cases and, in consultation with patients and their families, improve access and discharge arrangements. Work is continuing to ensure the right type of services are available in the right place for these vulnerable young patients.

The Children and Young People's IAPT programme was extended to cover 68 per cent of the 0-19 population, exceeding its goal of 60 per cent by 2015. The programme also established a set of service standards.

NHS England published a report, *Future in Mind*, setting out how to make it easier for children and young people to get access to high quality mental health care when they need it.

Improving dementia care

A team of dementia 'ambassadors' has improved the diagnosis and care of people with dementia by providing support to GP practices and making regular information available to local commissioners. Dementia diagnosis rates are set to exceed 90 per cent of the goal this year against the ambition that two thirds of people with the condition should be able to have a diagnosis.

Improving services for people with learning disabilities

Around 2,600 people with learning disabilities and autism live at any one time in in-patient accommodation. Following the inexcusable events at Winterbourne View, NHS England is committed to ensuring that they receive the right care in the right setting, close to home. The announcement of a programme to close long stay hospital institutions has been widely supported.

More than 1,400 care and treatment reviews – the first step in transferring people to community settings – have been conducted and 600 people have been discharged. The rate of discharge is expected to increase this year.

Tackling obesity and diabetes

The rise in Type 2 diabetes is of national and global health concern. The numbers affected have soared in recent years, driven by the increase in obesity and sedentary lifestyles. In England, almost three million people are living with the condition and 7-9 million are at risk of becoming diabetic. It exacts a heavy human toll causing more than 100 amputations a week and 20,000 premature deaths a year.

This also places an immense but largely preventable burden on the NHS which faces costs of £10 billion a year caring for people affected.

In 2014 NHS England, working with Public Health England, launched the NHS Diabetes Prevention programme. Seven demonstrator projects have been launched, based on proven UK and international models, to support people to lose weight, take exercise and eat better. The programme aims to help reduce significantly the number of people developing Type 2 diabetes over the next decade.

Building a new relationship with patients and communities

Empowering patients

Virtually everyone is, or will be, a patient at some point in their lives, so it makes sense to support them to take more control over their own health when they want to.

NHS England has made it a priority to provide better information to people about conditions, treatments and the quality of local services. It has encouraged self care using online resources and peer-to-peer networks. It has also supported local commissioners offering personal care plans to patients with long term conditions, and direct control over health and social care budgets for eligible patients with complex needs.

NHS England launched the Realising the Value programme to support commissioning approaches to improve patient empowerment.

Engaging communities

The NHS Citizen programme puts citizens at the centre of the design process for NHS services. It was developed in 2014-15 to support direct citizen involvement in health care, whether as a patient, carer, staff member or volunteer, and is fundamental to the implementation of the Five Year Forward View. In 2015-16 NHS Citizen will be rolled out locally, and online innovations will be launched to broaden participation. Further details of public involvement are in appendix 3.

NHS England's Board has established a group to review how it can ensure patient and public participation in its own decision making.

NHS England will also work with clinical staff and other experts to support carers, create new options for volunteering, design ways for voluntary organisations to work alongside the NHS more easily and capitalise on the NHS's role as an employer to achieve wider health goals.

Devolving power and promoting autonomy

Devolving control of primary medical care

In order to create a local NHS, where decisions are taken as close to the front line as possible, CCGs, which currently buy local community and hospital services for their populations, were invited to take on a bigger role in the planning and funding of primary medical care. They were offered one of three graduated options – greater involvement in primary medical care commissioning, joint commissioning with NHS England or delegated commissioning in which they would take on full responsibility.

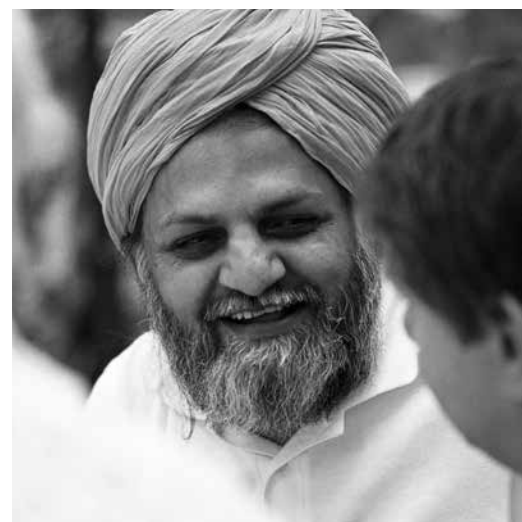
There was a strong response from CCGs. In April 2015, 63 took on full delegated responsibility for buying GP services and 86 opted for joint commissioning with NHS England. Giving CCGs more influence over the wider NHS budget will enable a shift in investment from hospital to community services and enable money to follow the patient.

The pace and scale of co-commissioning will now be expanded where appropriate to include specialised services. NHS England will also work with local authorities to strengthen joint commissioning for health and social care.

Devolved powers for Greater Manchester

Devolving decision making to local communities where appropriate is a principle of the Five Year Forward View. As an unprecedented first step, an in-principle agreement to move towards giving Greater Manchester devolved control over its £6 billion health and social care budget from April 2016 was negotiated between 10 local authorities, 12 CCGs and NHS England.

This would be the biggest pooled budget ever and means resources could be allocated more effectively and flexibly to meet local priorities and support investment in services outside of hospital.



Devolving control of individuals' care

Increasing the control patients have over their own care and treatment is a principle of the Five Year Forward View. Evidence shows it improves health and improves wise use of health services.

In July 2014, NHS England announced plans to give patients control over combined health and social care budgets for the first time in a scheme called Integrated Personal Commissioning (IPC).

Nine demonstrator sites were launched in April 2015 in the first wave of the programme to develop a new personalised commissioning approach. This will allow individuals to blend health and social care funding and direct how it is used.

The programme will support people with complex needs, including older people with long term conditions, children with disabilities and their families, people with learning disabilities, and people living with serious mental illness.

Reducing inequality

Health inequalities cost lives, decrease the quality of life for many and increase pressures on the NHS. Reducing inequalities is a key priority of the Five Year Forward View.

Deaths from cancer and heart disease under 75 have fallen since 2003. Cancer mortality has seen a faster improvement among men and a narrowing of the mortality gap with women. For cardiovascular disease there has been a downward trend in the gender gap of 24 per cent in the five years from 2008-13, although there was a small increase of three per cent in 2012-13. Taking years of life lost from all causes amenable to healthcare, this has seen a steady decrease and the gender gap has decreased overall by 18 per cent between 2008-13.

In 2014-15, NHS England introduced new formulae to allocate resources to CCGs and to primary care. To support action to reduce health inequalities, these include adjustments (of 10 per cent and 15 per cent respectively) to provide additional funding to address unmet needs.

In 2014-15, NHS England introduced several programmes to reduce health inequalities. These include:

- A programme to reduce stillbirth and early neonatal death by improving risk assessment and clinical management of pregnant women from economically deprived families, asylum seekers and black and ethnic minority groups.
- A programme to ensure there is a named accountable GP for every person over 75.
- A new scheme to reduce emergency admissions through better care and extended health checks for those aged 14 with learning disabilities.

NHS England has set four objectives for achievement by March 2016:

- To ensure at least 95 per cent of NHS Trusts and CCGs have implemented the Equality Delivery System (EDS2) to protect vulnerable patients in the community and provide a non-discriminatory environment for NHS staff.
- To embed equality at the heart of the CCG assurance scheme and the corporate governance statement.
- To ensure disabled patients, service users and carers have access to information they can understand under the Accessible Information Standard.
- To implement an equality, diversity and inclusion strategy for the NHS workforce and a new Workforce Race Equity Standard.

Improving safety

The safety of patients is paramount. NHS England has worked closely with the Department of Health and other partners to improve the safety of patients in response to Sir Robert Francis QC's report on Mid Staffordshire NHS Foundation Trust. It is delivering against its plans including setting up fifteen safety collaboratives across England to tackle the most pressing safety concerns.

Making better use of technology

Better use of data and technology has the power to improve choice and outcomes for patients, allow them to take more control, reduce the burden on frontline staff, increase accountability and support the NHS as an engine of science and economic growth. Modern digital communications are essential for modern, high quality, sustainable health care.

New digital services for patients

General practices can now offer a range of online services including booking appointments, ordering prescriptions and providing access to medical records. By April 2015, 97 per cent of practices had the technical capability to provide at least one of these, helping patients take more control of their health care.

NHS Choices, which provides online information and advice about health and care, launched the first digital mental health services library providing help for people with mental health problems. The range of assistance offered has been shown to improve outcomes. NHS Choices now has 45 million visits a month making it the largest online health resource in Europe. Of those, more than one in five (9.7 million) are to pages on depression.

New digital services for professionals

In an emergency, being able to share patient records between A&E departments, local ambulances and GP out of hours services helps medical staff provide safe, high quality care. By April 2015, more than a third of A&E departments were able to communicate a summary digital record in this way, exceeding the target set in the NHS Mandate. All clinical correspondence must now include the patient's NHS number, so that records can be shared by clinicians.

It is planned that all NHS providers will have comprehensive digital records by 2020. A total of £195 million extra capital was allocated under two technology funds last year for this purpose. A third fund, the Nursing Technology Fund, supported initiatives to improve the patient experience with digital communication.

Improved information on services

Better information about the performance of the NHS can help researchers and planners improve services by identifying where it is most efficient and effective. The care.data programme is an initiative to link hospital and GP records safely for this purpose, and has been developed over the last year in partnership with the public and clinical leaders. In 2015 it will be tested in more than 100 GP practices in England. The results will be scrutinised and a full evaluation carried out by the National Data Guardian before it is rolled out more widely.

Helping more people get online

Around 9.5 million people lack basic computer skills and 6.5 million have never been online. They tend to be older, poorer and are more likely to be disabled than the rest of the population. In 2014 more than 129,000 people, many among the most disadvantaged in society, received support to get online through the Widening Digital Participation programme run by the Tinder Foundation.

Priorities for the future

The National Information Board, established in April 2014 to bring together organisations from across the NHS, public health, clinical science, social care, local government and public representatives, will publish a set of road maps later this year setting out how technology will support delivery of the Five Year Forward View.

Improving transparency

Over seven million responses have been received through the Friends and Family Test (FFT) since it was launched in April 2013, and nine out of ten patients say they would recommend the services they have used. There is evidence that this feedback is being used to rapidly improve services. Scores for most NHS providers were published for the first time last year on NHS Choices. Separate ratings for individual hospital consultants in 12 surgical specialties were also included for the first time. This year ratings for the effectiveness of local commissioners will also be published at <http://www.nhs.uk/my NHS>

Supporting research

It is vital that the NHS is at the cutting edge of science. Last year NHS England launched a £300 million programme, in partnership with Genomics England Limited, to sequence the genomes of 100,000 patients by 2017 – making England the first country in the world to do so. Genomics has the potential to improve the prediction and prevention of disease, enable new and more precise diagnostic tests, and allow drugs and treatments to be personalised for patients with specific genetic variants.

In 2014-15, 11 genomic medicine centres were designated following an open competition and the first patients were recruited into the programme which moves to full mobilisation this year.

Our overarching plans for research are currently being reshaped in light of the Five Year Forward View and work continues to address the complex issue of excess treatment costs – when the associated costs of an experimental treatment or intervention in a clinical trial is higher than the existing treatment or intervention.

THE NEXT FIVE YEARS

The Five Year Forward View

The Five Year Forward View was published in October to wide acclaim. A copy of this can be found at www.england.nhs.uk/ourwork/futurenhs/ It set out a vision for the future of healthcare in England that was universal, sustainable and free at the point of delivery, based around redesigned care, a new emphasis on prevention and a major drive to support the NHS's future sustainability.

All major political parties declared their backing for the strategic direction it set out, alongside wide support from stakeholders. It subsequently framed the debate about the future of the NHS during the general election.

The Five Year Forward View set out the challenges and opportunities facing health and care services in England and confirmed the broad consensus on ways to reduce health inequalities, improve the quality of care and ensure the future affordability of the NHS.

It highlighted the need for a radical upgrade in prevention and public health to tackle obesity, smoking, alcohol and other major health risks.

It stressed the need to give patients greater control over their care, including the option of shared budgets combining health and social care.

It emphasised the need for the NHS to break down the barriers between GPs and hospitals, physical and mental health and between health and social care, so that in the future, more care is delivered locally but with some services in specialist centres.

Local health communities will be encouraged to choose from among a small number of radical new care delivery options and supported to implement them.



Joining up hospital and community services

The Vanguard programme for developing new models of care was announced in the wake of the Five Year Forward View. The aim is to redesign health and care systems by joining up hospitals, primary care, mental health, community nursing, pharmacy and social care. This will provide a seamless service which could, for example, mean fewer trips to hospital for cancer sufferers and specialists holding clinics in local surgeries for dementia patients. The programme is backed by a £200 million transformation fund.

In March 2015, the first wave of 29 vanguard sites were chosen to develop new care models linking hospital and community care which will serve as blueprints for the health and care system. For example, multispecialty community providers will incorporate some acute specialists such as consultant geriatricians, psychiatrists and paediatricians to provide integrated specialist services in out-of-hospital settings.

In May 2015, applicants were invited for further vanguard sites to develop new ways of delivering high quality acute care for patients. These new models may include greater use of clinical networks across nearby sites, joint ventures between NHS organisations, or the delivery of specialist single services across a number of different providers. As well as delivering better outcomes for patients, the aim is that they should also be more productive, making a fixed amount of resources go further and giving district general hospitals a path to long term sustainability.

In addition, we are now inviting areas covering five million people to become urgent and emergency care vanguards. These will ensure people with serious or life-threatening emergency needs are treated in hospitals with the very best expertise and facilities, but will also focus on developing convenient and technologically-enabled out of hospital services for people with urgent but non-life threatening needs.

A series of other initiatives will be launched this year to support the development of new technologies in partnership with the NHS. Innovators from the UK and around the world will also be offered radical opportunities to redesign health care provision in new towns and planned urban developments.

Improving patient outcomes

There is still too much variation in the NHS. Two thirds of services across health and social care deliver good or outstanding care, but that means that one in three require improvement.

In the most challenged areas, NHS England are introducing a new regime of support, the Success Regime, to help create the conditions for transformation. This new approach will work across whole health economies rather than focusing on individual organisations, strengthen leadership, introduce new care models and be overseen jointly by NHS England, Monitor and the NHS Trust Development Authority (TDA).

The first areas to benefit from the Success Regime, following national and regional assessment, are North Cumbria, Essex and Northern, Eastern and Western Devon.

More details on how the Success Regime will work, the first cohort of entrants and how the Success Regime board will make decisions about future areas is available at www.gov.uk/government/publications/five-year-forward-view-the-success-regime-a-whole-systems-intervention

Despite improvements in cancer care, England still has a poorer record on cancer outcomes than some other European countries. A task force has been established, chaired by the Chief Executive of Cancer Research UK, to deliver better outcomes.

Similar task forces have been established to improve outcomes in mental health, learning disabilities and maternity care.

Improving efficiency

NHS England set out its plans to help meet the demand and cost pressures arising by 2020-21 with the ambition of achieving an extra 2-3 per cent average annual net efficiency gain. Measures include increasing productivity within existing services (reducing waste, improving procurement, shortening length of stay), delivering care in the right setting (shifting care from hospital to the community, concentrating specialised services in centres of excellence), new ways of providing care and re-directing NHS spending (to prevention, early diagnosis). These plans are being developed and implemented with partners.

The NHS is taking steps to reduce over reliance on agency staff and curb their costs whilst ensuring a greater supply of NHS nurses through the successful national Return to Practice campaign, which has already supported over 1,300 experienced nurses to come back to the NHS. It is sharing best practice on staff retention and supporting efforts to provide NHS staff with more flexible working. It is also taking steps to curb spending on consultancy services.

Some of the required actions are a matter for individual organisations to lead: trusts are best placed to reduce staff sickness levels, for example. Other actions, such as leveraging the NHS's national clout to get the best pricing deals, are best taken at a national level, whilst some issues, such as the redesign of services or preventing ill-health, are best achieved through collective action: not just by partnering with other sectors, but by harnessing the energy of local communities and voluntary groups.

NHS England has already committed to a nationwide diabetes prevention programme. Continued support to help people stop smoking brings immediate benefits in addition to long-term decreases in the risk of cardiovascular disease and cancer. Similarly, reduction in alcohol misuse immediately reduces the risk of ending up in A&E, and reductions in the prevalence of hypertension and high cholesterol can help avoid hospitalisations.

Supporting people to manage their own health and healthcare can both improve outcomes and reduce costs. The Expert Patient programme, for example, suggests that at a typical investment of £400 per patient could save about £4,000 per year.



NHS England knows that a small number of patients consume a very large proportion of total resources. Increasingly, it is able to identify these patients before their health deteriorates using a mix of predictive software and professional judgment.

NHS England knows some areas achieve very different outcomes despite similar levels of expenditure, and vice versa. By benchmarking costs and outcomes across comparable areas, it can help commissioners understand how they could change spending patterns to achieve better overall value and where to target their improvement programmes. For example, Warrington CCG was helped to identify higher non-elective admissions compared to its peers, which in turn led to implementing decision aids and other clinical improvements that have held down admissions and saved £15 million per year.

There are also wide variations among providers on a whole raft of areas including length of stay, day case rates and new-to-follow up ratios. Costs for the same goods can vary by as much as 35 per cent between hospitals. In addition, estate efficiencies across the acute and mental health sectors could yield a gain of perhaps £1 billion per annum, with perhaps a further £1 billion one-off gain from the sale of surplus estate; some estimates even suggest figures up to £7.5 billion.

NHS England has reduced central administration costs by over a third in order to maximise funding for frontline services, including £700 million of reductions to Department of Health and NHS England central programmes. Nationally, it will continue to hold central administrative costs and budgets down to ensure that frontline services take priority.



PRIORITIES FOR 2015-16

NHS England supports delivery of the Five Year Forward View in its business plan for 2015-16 which is published at <http://www.england.nhs.uk/about/business-plan/> and is summarised here:

1. Improving the quality of care and access to cancer treatment

NHS England will publish a new cancer strategy for England and support the NHS to meet cancer waiting times. It will support CCGs and GPs to improve early diagnosis and one-year survival rates, and work with Public Health England on cancer symptom awareness campaigns and in commissioning screening programmes.

NHS England will also tackle the inequalities in outcomes and experience of people with cancer in England, and work with partners to make progress in rolling out the cancer recovery package and wider cancer survivorship work.

2. Upgrading the quality of care and access to mental health and dementia services

NHS England will develop and implement access and waiting time standards, develop a national mental health strategy and work with Health Education England to deliver further transformation of child and adolescent health services. It will also reach and maintain the national dementia target diagnosis rate of 67 per cent and develop a five-year transformation plan to ensure good post-diagnostic services for people with dementia across England.

3. Transforming care for people with learning disabilities

NHS England will improve the independence, wellbeing and health of people with learning disabilities by continuing to roll out care and treatment reviews to manage discharges and prevent inappropriate admissions. The organisation will ensure annual health checks to support physical health, and extend the offer of personal budgets.

NHS England will also make sure that all young people with a learning disability leaving residential school have an education, health and care plan to support their transition to adult services. It will work with partners to develop a national framework to close inappropriate facilities and commission more appropriate local and community-based alternatives.

Building on preliminary work in 2014-15, NHS England will establish a national learning disability mortality review function in 2015-16 to inform how the organisation will shape future services and use reliable real-time data to track progress and inform learning disability work.

4. Tackling obesity and preventing diabetes

NHS England will continue to support interventions to help change the health-related behaviour of patients and staff, in line with NICE guidance, for smoking, alcohol, obesity and physical activity. It will have the new NHS Diabetes Prevention programme up and running and available to 10,000 at risk individuals, and will develop a plan to roll it out more widely in 2016-17, in partnership with Public Health England and Diabetes UK. It will work with the NHS and other employers to promote healthier workplaces and support staff health and wellbeing.

5. Redesigning urgent and emergency care services

NHS England will pilot a new payment model for urgent and emergency care in 2015-16, in preparation for wider changes in 2016-17 and beyond, in conjunction with Monitor. It will publish standards for urgent and emergency care networks and support their development as system leaders. It will arrange for patient records to be shared in emergencies (including end of life and advanced care plans) across the NHS 111 telephone advice service, the 999 ambulance service and hospital acute admissions.

6. Strengthening primary care services

NHS England will improve access to general practice, through Wave Two pilots of the Prime Minister's Challenge Fund, and by investing in primary care staffing and infrastructure. NHS England will invest in GP estates, IT and delivery of the 10 point GP workforce action plan to support better quality and a wider range of services, particularly in areas of greatest need. It will negotiate and agree the national contracts for primary care and have a plan for community urgent care ready for winter 2015-16.

7. Timely access to high quality elective care

NHS England will work with Monitor, TDA and CCGs to improve and sustain short waiting times for elective care, diagnostics and cancer services, nationally and locally. It will share results from the Efficient and Effective Care programme, including: increased use of shared decision making; routine personalised risk assessment in primary care; spread and

take up of enhanced recovery principles; and increased productivity (day case rates, Lean methodology, productive operating theatre). It will help CCGs and providers access expert help when they need it, to reduce variation and improve waiting list management, through the Elective Intensive Support team.

8. Ensuring high quality and affordable specialised care

NHS England will review its investment decisions on specialised services, as described above, and establish a rolling programme of priority service reviews to drive quality and value, including new models of provision. It will consider the specialised services needs of local populations and how to best incentivise local providers to deliver them.

9. Whole system change for future clinical and financial stability

NHS England can only succeed with these eight priorities, in both the short and long term, if the organisation helps ensure the NHS is financially sustainable. For 2015-16 the revised government mandate allocated an extra £1.83 billion to NHS England. This, along with a further £150 million of our own reallocated resources, has resulted in a total of £1.98 billion for frontline services. This will help the organisation further invest in primary care and kick start investment in new models of care. But the financial challenge remains substantial and will inevitably require broad-based and fundamental action by all parts of the NHS next year, and in the years to come.

10. Foundations for improvement

The organisation must build and invest in the foundations for improvement to happen. This includes building on existing work to use data and technology more effectively, encouraging and investing in the benefits of innovation and science, such as genomics, and building the capacity and organisational infrastructure across health and care systems.

Most critically, and underpinning all of our endeavours, is the need to ensure our work is based on a clear understanding of what the people NHS England serve need and want. So the organisation will continue to engage and involve our patients, their carers and families and, more broadly, our fellow citizens and communities, to ensure high quality health and care now and for future generations.

BUILDING CAPABILITY

Planning future NHS workforce

The NHS could not deliver without the dedication, skill and professionalism of the people who manage and provide the care for patients. The current pressures on the NHS affect all its staff, whether at the front line or in management and support roles. The requirements and new models of care of the Five Year Forward View will need changes in the workforce over the next few years which need to be scoped and planned now. Planning and managing those changes requires additional leadership and managerial capability to lead and improve individual organisations and local health systems. NHS England is working with Health Education England and partners to plan for these changes.

Aligning NHS England management and resources

At the start of the year, NHS England reshaped its management structure to create two new directorates: Commissioning Strategy and Transformation and Corporate Operations.

Commissioning Strategy leads on NHS strategy, the development of the commissioning system, and provides analytical capability and support for the new care model redesign programme.

The Transformation and Corporate Operations directorate was formed to improve NHS England's capability and organisational effectiveness. Through the organisational review, NHS England transformed specialised commissioning, and built more effective capability to support learning disability services and its Medical directorate.

The regional management structure consolidated local teams into four regional teams to oversee commissioning and provide leadership to local organisations working on the transformation agenda.

Emergency planning

The NHS has unprecedented experience in contingency planning and last year successfully responded to potential threats to patient and public safety, including these from the Ebola outbreak in West Africa, and industrial action by ambulance staff.

Improving efficiency

During 2014-15, NHS England has successfully prepared for the delivery of the necessary further 10 per cent saving in its running costs.

In addition there will be a major anticipated saving in 2015-16 in the cost of Primary Care Support (PCS) services, which provide administrative and back office functions for primary care contractors. The aim is to provide a modern sustainable service at 40 per cent lower cost.

Costs of the commissioning system overall will have fallen by over a third over the last three years.

Developing talent and performance

In 2014, NHS England brought in new talent from the NHS and wider health system to lead new programmes of work. It introduced more rigorous focus on managing talent to ensure there are effective succession plans for senior leadership roles, and implemented a new online performance appraisal system to ensure staff have personal goals aligned with NHS England's objectives.

Improving diversity

NHS England is committed to promoting equality and improving diversity to ensure its workforce is more representative and engaged. It has developed the Workforce Race Equality Standard (WRES) which requires that equality data is published and can be benchmarked, and mandated it in the 2015-16 NHS Contract.

Strengthening NHS leadership

The Five Year Forward View emphasised the importance of collaborative national leadership and local autonomy in the design and improvement of services.

The NHS Leadership Academy has successfully delivered leadership development to over 30,000 people in the last two and a half years, including over 10,000 nurses and midwives.



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